EDMOND: A FEASIBILITY STUDY OF ELEMENTAL DIET AS AN ALTERNATIVE TO PARENTERAL NUTRITION FOR OVARIAN CANCER PATIENTS WITH INOPERABLE MALIGNANT BOWEL OBSTRUCTION

Introduction/Background Inoperable bowel obstruction (IBO) occurs in up to 50% of patients diagnosed with ovarian cancer. Nutrition support for patients with IBO is challenging. Parenteral feeding (PN) is the recommended route for patients with a prognosis of > 2 months, however there is little evidence that it improves quality of life and the cost of it is very high. If PN is not available patients are frequently discharged home from hospital with sips of clear fluids only. Management of inoperable bowel obstruction remains a major challenge and clear guidelines are needed.

Elemental diet (ED) is a liquid diet that contains proteins in the form of amino acids, fats in the form of medium chain triglycerides, vitamins and trace minerals. ED is almost completely absorbed in the upper small intestine.

Methodology The primary objective of the study was to establish if ED can be used as an alternative to home PN in patients with IBO. The secondary aim was to examine the impact of ED on quality of life. The primary endpoints of the study were acceptability and tolerability of ED with respect to taste, and incidence of vomiting and pain. The secondary endpoints included the number of patients alive at the end of the study, quality of life, nutritional intake, and the number of women who can tolerate ED and subsequently be treated with palliative chemotherapy (as per standard of care).

Results 29 women with IBO caused by metastatic ovarian cancer were recruited into the EDMOND study. Of those 8 could not complete the trial due to disease progression, and 2 had missing data that was deemed irretrievable, leaving 19 patients who contributed data to the primary endpoint analysis. The mean age of the patients who continued the trial was 68 (SD 12.5). Preliminary analysis shows that 68.4% of patients met the primary endpoint and tolerated ED; the ED did not worsen the vomiting or pain as measured by Memorial Symptoms TRIAL (MSTS). Before starting OMC 16% had ECOG 0, 65% ECOG 1 and 19% ECOG 2. Median PFS was 5 months. PFS was ≥ 6 months in 33% of patients, ≥ 12 months in 13% and ≥ 18 months in 7%. 52% experienced clinical benefit in terms of symptoms reduction. 3% of discontinuation for side effects and no G3-4 hematological toxicities reflected a low toxicity profile. Only nausea and fatigue grade 1-2 were reported in 4 (12%) and 9 (28%) cases, respectively.

Conclusion OMC could be a feasible alternative therapy for recurrent ovarian cancer leading to an acceptable clinical response with a low toxicity profile, even if patients are heavily pretreated and with a suboptimal performance status.

Disclosures Authors have no conflict of interest.